Recipient Committee		_		COVER PAGE
Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page			SAN BUEMA VI CITY CLE	
	Statement covers period	Date of election if applicable:		Page of6
	from 11/1/2018	(Month, Day, Year)	19 JAN 11	P4:For Official Use Only
EE INSTRUCTIONS ON REVERSE	through 12/31/2018	11/6/18		
. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Spo Complete Part 6) rimarily Formed Candidate/ fficeholder Committee Spo Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	☐ Specirmination)	erly Statement al Odd-Year Report
. Committee Information	NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Kistner Por Ventura C	24 / July 1 2018	Veronica	Kistner	
	-My COUNCII-2018	MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		7-11-12		AREA CODE/PHONE 805-700-6340
CITY STATE 71D COF	AREA CODE/PHONE 805-766-0946	NAME OF ASSISTANT TREASURER	R, IF ANY	
MALERO ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COD	E AREA CODE/PHONE	CITY	STATE ZIP COL	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS	-	OPTIONAL: FAX / E-MAIL ADDRESS	5	
Verification				
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of C	g this statement ar California that the f		tached sche	dules is true and complete. I
Executed on			-	
Executed on <u> </u>			ficer of Sponsor	
Executed onDate	Ву		·	
Executed on		nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	
Date	BySign	nature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	-

5. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee NAME OF OFFICEHOLDER OR CANDIDATE NAME OF BALLOT MEASURE OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME I.D. NUMBER 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. NAME OF TREASURER CONTROLLED COMMITTEE? ☐ YES Пио COMMITTEE ADDRESS NAME OF OFFICEHOLDER OR CANDIDATE STREET ADDRESS (NO P.O. BOX) OFFICE SOUGHT OR HELD ☐ SUPPORT OPPOSE CITY STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT OPPOSE COMMITTEE NAME I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT ☐ OPPOSE NAME OF TREASURER CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT YES □ NO COMMITTEE ADDRESS ☐ OPPOSE STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

www.fppc.ca.gov

Summary Page		to whole dollars.		State	ement covers period	CALIFORNIA 460
			·	from	1/1/2018	FORM 400
SEE INSTRUCTIONS ON REVERSE				through _	12/31/2018	Page of
NAME OF FILER Kistner for Ventu	va City Cou	nci/-2018				1.D. NUMBER 141/026
Contributions Received 1. Monetary Contributions	Schedule A, Line 3 Schedule B, Line 3 Add Lines 1 + 2 Schedule C, Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ \qua	### Column CALENDARY TOTAL TO DA ### 7,40 1,45	1.01 .11 0.12	Running in Both the General Elections	mary for Candidates e State Primary and rough 6/30 7/1 to Date \$\$
Expenditures Made 3. Payments Made 7. Loans Made 3. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE	Schedule H, Line 3 Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3	\$ 1648.25 0 \$ 1648.25 0 1648.25	\$ 7,540 \$ 7,540 0 \$ 7,540	· . U	Expenditure Limit S Candidates 22. Cumulativ (ff Subject to v) Date of Election (mm/dd/yy)	e Expenditures Made* Voluntary Expenditure Limit) Total to Date
Current Cash Statement 2. Beginning Cash Balance	Column A, Line 3 above Schedule I, Line 4 Column A, Line 8 above + 13 + 14, then subtract Line 15 e zero. Schedule B, Part 2 19 Debts See instructions on reverse	\$96.12 0 1644.25 \$.01	To calculate Column add amounts in Column add amounts in Column of your last report. Amounts in Column be negative figures should be subtracted previous period amounts is the first reporting filed for this calendary carry over the from Lines 2, 7, and any).	olumn ding Imn B Some A may that ed from Jounts. If rt being ar year, amounts	reported in Column B.	ay be different from amounts FPPC Form 460 (Jan/2016)
	•	1		I	FPPC Advice: advice	e@fppc.ca.gov (866/275-3772)

Schedule Monetary	Contributions Received		nts may be rounded whole dollars.	Statement cov	ers period 20/8 1/2018		SCHEDULE A FORNIA 460 ORM
NAME OF FILER	har for Ventura City Ca	oneil-	20/8			I.D. NU	IMBER 11 02 C
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
11/3/18	Randolph Hinten	OMIND COM	Financial Advisor RHWealthAdvisors Ventura	\$250.00	\$ 250.1	70	
1/3/18	Building Industry Association of Southern Califortoria PAC Restricted #741733 Clored Davidson LLP	□IND □COM ②OTH □PTY □SCC		\$ 300.00	\$ 300.0	0	Andrew Control of the
	4	☐ IND ☐ COM ☐ PTY ☐ SCC					
12/31/18	City of Vontura	□IND □COM CXOTH □PTY □SCC		\$109.01	\$109.0	91	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
•			SUBTOTAL \$	650.00			

Schedule A Summary

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.).....\$

\$ 059.00

2. Amount received this period – unitemized monetary contributions of less than \$100\$

 *Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

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Schedule B - Part 1 **Loans Received**

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE

OF LENDER

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

☐ COM ☐ OTH ☐ PTY

is-ther Jr

☐ COM ☐ OTH ☐ PTY ☐ SCC

☐ COM ☐ OTH ☐ PTY ☐ SCC

NAME OF FILER

TA ND

Amounts may be rounded to whole dollars.

(a) OUTSTANDING BALANCE

BEGINNING THIS

PERIOD

SUBTOTALS \$

AMOUNT

RECEIVED THIS

PERIOD

					SCHED	OULE B - PART 1
Statement covers period from 11/1/2018			CALIFORNI FORM	⁴⁶⁰		
	ti	nrough <u>12/3</u>	1/201	8	Page	of <u>6</u>
					I.D. NUMBER	
					14110	25
(c) AMOUNT PA OR FORGIVE THIS PERIO	EN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTERES PAID THI PERIOD	s	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
PAID \$ <u>/09-1</u> Ø FORGIVEN		\$		6	\$_ <u></u>	calendar year \$
\$ 36./		12/31/18 DATE DUE	\$ <u></u>		P//19/18 DATE INCURRED	s/45.11
☐ PAID						CALENDAR YEAR
\$!	\$	RATE	6	\$	\$ PER ELECTION **
\$		DATE DUE	\$		DATE INCURRED	\$
PAID						CALENDAR YEAR
\$ FORGIVEN	_ 1	\$	RATE	6	\$	\$ PER ELECTION**
\$	-	DATE DUE	\$		DATE INCURRED	\$
145.1	1	6	\$ 0			
(Enter (e) on Schedule E, Line 3)						
tContributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)						

S	chedule B Summary	1.6	Sci
1.	Loans received this period\$	45.11	_
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period\$	145.11	

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

IF AN INDIVIOUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF-EMPLOYED, ENTER

NAME OF BUSINESS)

Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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Schedule E	Amounts may be rounded to whole dollars.	Stateme
Payments Made		from

OFC

PET

PHO

POL

PRT

SCHEDULE E nt covers period **CALIFORNIA FORM** I.D. NUMBER

1411026

SEE INSTRUCTIONS ON REVERSE

campaign paraphernalia/misc.

candidate filing/ballot fees

campaign literature and mailings

contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

campaign consultants

NAME OF FILER

CVC civic donations

LEG legal defense

IND

FND fundraising events

stner for Ventura City Council -2018

*CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs RFD returned contributions

campaign workers' salaries

t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

voter registration

information technology seats (Internet a mail)

	rixi pintada	WEB information	on technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYM	IENT AMOUNT PAID
Costco		. Supplies for Vict	ery Party 95.75
Kecgen Carrico	SA		1,500.00
Kecaan Carrico		Re-Embursement Face Book \$30:Ac	For (3 mos.) 52.50
* Payments that are contributions or independent expenditures mu	st also be summarized on Schedule D.		SUBTOTAL \$ 1648.25

MBR member communications

office expenses

phone banks

print ads

petition circulating

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

professional services (legal, accounting)

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,648.25
2. Unitemized payments made this period of under \$100	0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	AGO O
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page	1.648 25

FPPC Form 460 (Jan/2016)